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LEGAL AID SOCIETY PRO BONO PROGRAM
619/471-2717 Sara Raffer, Pro Bono Program Manager
Fax: 619/471-2774

VOLUNTEER REGISTRATION FORM

NAME: _____

ADDRESS: _____

TEL NO: _____ FAX NO: _____ E-MAIL: _____

STATE BAR NO: _____ DATE ADMITTED TO CA BAR: _____

LANGUAGES SPOKEN _____ Law School you attend (if law student) _____

DATE OF BIRTH: _____

AREAS OF LEGAL PRACTICE AND YEARS OF EXPERIENCE IN EACH AREA:

AREAS OF COUNTY IN WHICH AVAILABLE TO TAKE CASES:

All Areas Central North County South Bay East County

I AM INTERESTED IN OBTAINING TRAINING AND TAKING PRO BONO CASES ON MY OWN OR WITH A MENTOR IN THE FOLLOWING AREAS:

- Family Law/Domestic Violence
- Mediation – Peer Mediation, Victim/Youth Offender and Family Intervention Mediation
- Economic Impact Program – Corporate and High Impact Litigation
- Tax Program
- Unlawful Detainer
- Homeless Advocacy
- Bankruptcy
- Estate Planning
- Consumer
- Other _____
- All types of cases.

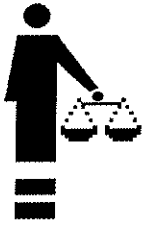
Dated: _____

Signature of Volunteer



"Partially funded by the City of San Diego Community and Economic Development Department"





LEGAL AID SOCIETY OF SAN DIEGO, INC.

PRO BONO PROGRAM

WELCOME TO VOLUNTEERS

Thank you for volunteering with the Legal Aid Society of San Diego, Inc. Pro Bono Program. We really appreciate your help and want to make your experience as valuable as possible for you. We are always available to answer any questions you may have and provide you with any help you need. Also, we are very open to suggestions as to how we can improve our program. We have some important information that we would like to share with you before you begin:

Confidentiality:

You are volunteering with a law firm and the information you receive from participants at the Clinic may be protected by attorney/client privilege. This means that any information you receive from participants is confidential. You may not disclose any facts you have been told by a participant, including his or her name, address and phone number to anyone else, unless a LASSD staff member authorizes you to do so.

Sensitivity:

Many participants come to us under very stressful circumstances. Please respect the participants' privacy as much as possible. Also, it is important that we are empathetic with the clients. Please do not express your opinion as to what happened to him or her, but be supportive of his or her situation.

Liability/indemnification and Agency issues:

The Legal Aid Society of San Diego, Inc. Pro Bono Program is not liable for any representations about the client made by us to you, the referring attorney. The statements are descriptive only and should not be relied upon to determine the amount of work you are committing to - that can only be determined by you upon interviewing the client and making your own determination. You are not our agent and we are not yours for purposes of any action taken or to be taken. We cannot indemnify you for any losses sustained as a result of entering into an agreement to volunteer services on behalf of our referral.

Grievances/Concerns:

If you have a question or concern about your volunteer participation, please contact the Pro Bono Program Manager, Sara Raffer at 619/471-2717 or sarar@lassd.org

I have received and understand the information contained the Welcome to Volunteers form.

Date: _____

Name: _____
(Please sign and print)